a half, with the idea of utilizing, on the one hand, its antiseptic qualities, and on the other its influence over the transudation of fluids, from its action upon the muscular coat of the bloodvessels.

Dr. Wecker uses it in three forms of disease.

1. In patients suffering from large ulcerations of the cornea with abscess; after having emptied the anterior chamber of pus, and made as free an opening in the abscess as possible.

2. In ulcus serpens. It is here especially useful when combined with keratomy, which Dr. Wecker prefers to the incision practised and recommended by Sämisch.

3. In suppuration of the corneal wound after extraction of cataract. The plan adopted by Dr. Wecker is as follows: A stylet is passed throughout the whole length of the wound in such a way as to evacuate the aqueous humour, and every half hour (if there be vomiting), or every hour, some drops of the eserine solution (1-100) are instilled. At the same time the eyelids are kept scrupulously clean by washing them frequently with a warm carbolic acid lotion (1-1000).

The solution of eserine decomposes rapidly, and should be freshly made every twenty-four hours in summer, and every two or three days in winter.—*London Med. Record*, July 15, 1877.

MEDICINE.

On Leuchæmia.

Dr. CHVOSTEK contributed the following three cases of this disease to successive numbers of the *Wiener Med. Zeitung* during the early part of the present year.

CASE I. An officer in the army, aged 46, had swelling of the submaxillary lymph-glands after a sore throat which occurred in January, 1875. They did not subside, and formed obvious tumours before the end of the year. Sudden amaurosis of the right eye, with myosis, appeared at this time. The fundus appeared normal, and it was supposed that the lymphatic growth in the neck was compressing the cervical sympathetic. Under continuous galvanism, the tumour in the neck diminished, the pupil dilated to its natural size, and sight returned to the eye. The glands in one armpit had, however, enlarged. In May, 1876, the inguinal glands were also swollen, and the tonsils and spleen greatly enlarged. The patient became weaker, and died of acute pleuro-pneumonia at the end of the following June. Beside double pleuritic effusion and hepatized lungs, the spleen was found to weigh 1651 grammes (about 52 ounces); the liver was also enlarged, as well as the solitary follicles of the intestines; and the bronchial, mediastinal, lumbar, and hypogastric lymph-glands were all hypertrophied. Except some atheroma of the aorta and hypertrophy of the left ventricle, the other organs were healthy. There were pale coagula in the heart and elsewhere, with excess of white blood-corpuscles. There is no mention of the blood being examined during life. Lymphatic tumours were found in the hypertrophied spleen, and in the mucous membrane of the œsophagus and trachea.

CASE II. An army surgeon, aged 48, excepting an attack of ague and a urethral stricture, had enjoyed good health until about 1871, when he noticed that the spleen was enlarged. In February, 1873, the left lobe of the liver was also found to be increased in size, then the inguinal glands, and this was accompanied by epistaxis and loss of flesh. When first seen, he was anæmic, with œdema of the ankles, great enlargement of the liver and spleen, and of the glands of the axilla and groin. On microscopical examination of the blood, the white corpuscles were found almost equal in number to the red: they were somewhat smaller than usual. Treatment with iron, quinine, and faradization over the spleen was without result, and the patient died in 1875. There was no necropsy.

CASE III. A married woman, 50 years of age, had frequently suffered from epistaxis and menorrhagia; and, during the last year, had become thin and pale, with pains in various parts of the body, and frequent dyspnœa. When first seen in April, 1872, there was great anæmia, with a *bruit de diable* in the right jugular vein; the spleen was enormous, filling more than half the abdomen. The white blood-corpuscles were increased in number. Faradization with dry brushes produced temporary contraction of the spleen, but was without permanent benefit, and galvanism proved equally useless. The patient was then lost sight of.

Dr. Chvostek remarks that of these three cases, the first began with hypertrophy of the lymph-glands (anæmia lymphatica, lymphæmia of Virchow, Hodgkin's disease), and then the spleen also enlarged (splenæmia of Virchow, leucocythæmia of Bennett); the second began with splenic, and went on to hepatic and glandular swelling; and the third was purely splenic, unless the bones may also have been involved (leuchæmia myelogenica of Neumann), which the author thinks was indicated by pains referred to the os calcis, sternum, and shoulders. This disease of the bones was certainly absent in the first case. The disease occurs more often in men than in women. Putting together Ehrlich's 91 cases, Mosler's 16, and the author's four (including one of splenic leuchæmia in a youth of seventeen, of which details are not given), he finds 75 in men to 36 in women. He proceeds at great length to compare the supposed etiology, course, and symptoms of his three cases with the statements in Mosler's monograph. The longest time in which the disease has lasted before a fatal termination is eight years; it appears to be usually more rapid in young patients. Quinine, iron, injection of the enlarged glands with arsenic, and treatment by galvanism and electricity, have proved as useless in Germany as the same methods of treatment, with phosphorus, iodide of potassium, and many other drugs, have in the hands of English physicians.—*London Med. Record*, July 15, 1877.

On Some Points in the Clinical History of Chorea.

Dr. W. R. GOWERS, of London, read at the late meeting of the British Medical Association a paper which had for its object to illustrate by cases some points in the common or occasional clinical history of chorea which have hitherto received little attention. I. *An increase in the irritability of nerve and muscle to electrical stimulation*, to both faradic and voltaic stimulation. The change can be observed best in cases of hemichorea. Five cases were narrated in which it was observed, and in some of these it was proved to disappear on the subsidence of the chorea. The same fact has been noted by Benedikt and Rosenthal, who have also observed a change in the nerve-reaction to voltaism which Dr. Gowers partially confirms. The significance of the increased irritability is probably an altered state of nutrition of the fibres of the nerves and of the motor nerve-cells of the spinal cord, under an irritation transmitted downwards from the diseased cerebral region, and is another illustration of altered nutrition in functional disturbance. II. *The relation of the muscular disturbance of chorea to voluntary movement.* The inco-ordination of voluntary movement varies independently of the spontaneous spasmodic movements. Instances were mentioned in which the spontaneous movements were slight and the inco-ordination great, in which there was much spontaneous movement and little or no inco-ordination, in which the relative pro-